

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)
F OR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (PT CFA 1.18(a))		
TOTAL CLAIMS (PT CFA 1.18(c))	37	49
INDEPENDENT CLAIMS (PT CFA 1.18(d))	3	0
MULTIPLE DEPENDENT CLAIM PRESENT.		(PT CFA 1.18(f))

* If the difference in column 1 is less than zero, enter "V" in column 2.

SMALL ENTITY	
RATE	FEE
X1 =	\$
X2 =	
X3 =	
+ \$ =	
TOTAL	

OR

OTHER THAN SMALL ENTITY	
RATE	FEE
X1 =	\$
X2 =	
X3 =	
+ \$ =	
TOTAL	

CLAIMS AS AMENDED - PART D

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	Total of CFR Lines	43	None	43		x 25		OR	x 50	
	Independent of CFR Lines	3	None	4		x 100		OR	x 200	
						x 180		OR	x 360	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (C) CFR LINE						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)		
	CLAMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total of one claim independent of CFI L199	43	43		25		50	
	3	4		100		200	
TOTAL ADDITIONAL FEE				180		300	

IF PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFI 1.103)

(Column 1)		(Column 2)	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
25		50	
100		200	
180		300	
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)		OR		ADDITIONAL FEE	
	CLASSES REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total on off lines		None				R-25		OR	R-50	
Presented on on lines		None				R-100		OR	R-100	
First presentation of multiple dependent claim (off on lines)						+100		OR	+800	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

• If the entry in column 1 is less than the entry in column 2, subtract the entry in column 1 from the entry in column 2.

• If the entry in column 1 is greater than the entry in column 2, subtract the entry in column 1 from the entry in column 2.

* If the entry in column 1 is less than the entry in column 2, write "Y" in column 3.
** If the "Total Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Total Number Previously Paid For" IN THIS SPACE is less than 2, enter "2".

The collection of information is required by 29 CFR 5.116. The information is provided to states or fields as requested by the public which is to be used by the USPTO (except) on application. Confidentiality is provided by 38 U.S.C. 522 and 29 CFR 5.116. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed applications from the USPTO. You will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1545, Alexandria, VA 22304-1545. DO NOT SEND FEES OR COMPLETED FORMS TO THE ADDRESS. SEND TO: Communications for Patents, P.O. Box 1545, Alexandria, VA 22304-1545.